

Web Announcement 15

Unnecessary Prior Authorization Numbers:

Practitioners (Claim Type 05) billing for services rendered in an inpatient hospital setting should not include the prior authorization number for the recipient's inpatient hospital stay on their CMS-1500 submissions.

The only time it is appropriate to include a prior authorization number on a Practitioner claim is when the services themselves, rendered by the Practitioner, require prior authorization.

Following this announcement, First Health Services will recycle claims twice to facilitate claims adjudication and payment for claims currently pending for Edit 0159 (Provider Number Inconsistent with Authorization) because of unnecessary prior authorization numbers.

After the final claims recycle on April 16th, FHSC will no longer accept the inclusion of unnecessary prior authorization numbers on Practitioner claims.

Please adjust your billing practices accordingly.

